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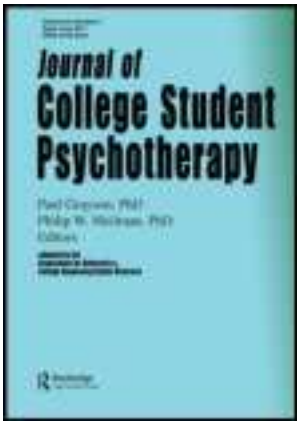

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An Intake Template for Transgender, Transsexual, Genderqueer, Gender Nonconforming, and Gender Variant College Students Seeking Mental Health Services

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An Intake Template for Transgender, Transsexual, Genderqueer, Gender Nonconforming, and Gender Variant College Students Seeking Mental Health Services

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As more students identify as transgender and genderqueer, it is essential that staff at college counseling centers are knowledgeable about gender diversity. This article provides a template for intake and initial assessment with transgender, transsexual, genderqueer, and gender nonconforming students. It familiarizes clinicians with gender-affirming language and offers a list of questions to ask. Topics covered include: gender history, coming out, self-injury, suicide, sexual orientation, binding, transition trajectories, options for gender expression, issues with diagnosis and recordkeeping, and interdisciplinary approaches to treatment. The intake is an opportunity to provide comfort and support for students of all genders.

KEYWORDS *college counseling, gender identity, genderqueer, gender variant, intake, transgender*

The growing number of gender nonconforming college students presents a challenge for providers of mental health services on college campuses. According to a 2008 *New York Times* article (Quart, 2008), transgendered people are transitioning at increasingly younger ages. Gender variant students often need to seek healthcare services outside of their college or

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university, because they perceive student health services as not sensitive to their needs. College health and mental health professionals can respond to these changing demographics by becoming more knowledgeable about the issues pertaining to this population. This article addresses the process of conducting an intake with transgender or gender nonconforming students.

TERMINOLOGY

Transgender

This is an umbrella term used to describe people whose gender assigned at birth does not fully express who they really are. There are many groups listed under the transgender umbrella, including those who identify as *transsexual*, *bigender*, *genderqueer*, and *gender questioning*. Those are just a few identity labels on a very long constantly-evolving list. At the time of this writing, two sites with good lists of gender terms are: http://genderqueerid.com/gq-terms, and http://lgbtrc.ucdavis.edu/lgbt-education/lgbtqia-glossary. Some people identify with many of the categories under the umbrella, and some reject the transgender umbrella completely. Some who are transsexual do not identify as transgender because they do not want to challenge gender norms, they want to conform to gender norms—in their affirmed gender. There may also be movement between identity labels, as individuals evolve and change over a lifetime. One should always ask a person how they identify. Transgender is a self-definition. You are transgender if you say you are. The prefix "trans" is often used in place of the word transgender as in "trans community" or "trans rights."

Genderqueer

What does a student mean if they say that they are genderqueer? In most cases, this refers to a fluidity to their gender and gender expression. Gender, like sexual orientation, can be seen on a spectrum. Genderqueer students may want to express a gender that is not fully male or female. Their gender falls outside of the binary. Students who have nontraditional gender identities may use neutral pronouns, a new name, and possibly seek medical solutions to help them express these identities. Gender nonconforming people may opt for surgery and then hormones, or maybe partial transition.

For example, a female-bodied person with an androgynous genderqueer identity who does not want feminine breasts may have surgery to flatten her chest, but may not desire any other masculinization or a full transition to male. This less feminine, more gender-neutral body is more congruent with her gender identity.

Some people who identify as genderqueer do not have an unusual gender presentation. You know that they are genderqueer because they say so. Others present in ways that visually signal their nonconforming gender

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identity. People who are genderqueer may purposefully blur gender lines and defy traditional categories and expectations. A conversation is necessary in order for the provider to begin to understand the student's gender identity and expression. For example, one genderqueer student we know takes estrogen and uses female pronouns, but also sports a full beard. She wants her body to reflect her identity, which requires both male and female expression.

Transsexual

Transsexual individuals have traditional gendered identities as either male or female, though their affirmed gender is different from the one they were assigned at birth. Transsexual individuals do not necessarily challenge gender roles or expectations, but desire a body and gender role that conforms to expectations for their affirmed gender. Towards that end, a transsexual man (female-to-male individual) may use medical options such as hormones and surgery to make him more comfortable in his body and to more easily live in the world as a man.

"WHAT IS YOUR PGP?" RESPECTFUL TERMINOLOGY AMONG QUEER COLLEGE YOUTH

Intake information for transgender or genderqueer students should include questions that address their unique concerns and increase their sense of safety, comfort, and respect. Providers signal their competence by the questions they ask and the language they use. The first questions on most intake forms are name and gender. For trans and gender nonconforming students, these questions are complicated. They may not use their legal name and they may not identify with their assigned gender; at the time of intake they may not even have a name or gender that is comfortable for them. Coming to such identifiers is a process of personal growth for many gender variant people, and name and pronouns may change and develop over time. Accordingly, the person conducting an intake needs to understand a person's chosen, or preferred, name and their preferred gender pronoun (or PGP). The interviewer may ask, "Do you have a preferred name? Do you have a preferred pronoun?" These questions may elicit a conversation about the person's current gender identity and expression.

Some transgendered and transsexual people prefer to use traditional opposite gender pronouns; a male-to-female transgender person (or MTF) would use female pronouns and a female-to-male (or FTM) would use male pronouns. Genderqueer and gender nonconforming people may prefer other options: gender-neutral pronouns such as zie (pronounced like the letter Z), or hir (pronounced here), alternating pronouns at different times, unique specifiers, or no pronouns at all. A cisgendered person is

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someone who is not transgender and who identifies with their birth assigned gender/sex (Queerdictionary, 2011; Sigusch, 1995). Our recommendation is to ask a student which pronouns they prefer if they identify as genderqueer or transgender, with the understanding that some students may be unsure of their identity, are still exploring, or are just starting to come out.

PATIENT RECORDS

Official patient records can pose problems for trans and gender nonconforming students. A record which includes a gender diagnosis or identifies them as transgender or genderqueer can threaten their privacy, potentially limit their access to health care, and cause unpredictable problems for them in the future.[1] On the other hand, gender status may be relevant to their health care and necessary in order to inform office staff, medical staff, and mental health practitioners as to how to respectfully address the student. This is a dilemma not easily solved. The World Professional Association for Transgender Health (WPATH; www.wpath.org) has an Electronic Medical Records Taskforce currently working on recommendations for structuring medical records for transgender people. Readers are encouraged to check in with WPATH to see the taskforce report when it is completed.

Students who have transitioned from one traditional gender to another may be "stealth," which means that they do not want anyone to know of their previous gender status. These students are reticent to have a gender diagnosis indicated in their health care charts, because they want to be known exclusively in their lived or affirmed gender rather than identified as transgender. Conversely, genderqueer students may want their chosen gender or neutral gender indicated in their charts so other health care professionals can use the appropriate gender pronoun.

The general rule is always to use the preferred name and pronoun when writing in the file, regardless of the student's legal name or official gender.

DIAGNOSIS

Gender nonconformity should not be deemed pathological or diagnostic of other disorders. The WPATH has proposed that problems which arise from identifying as gender variant may be socially induced through the experience of discrimination and social stigma and are not inherent to being gender nonconforming. People who identify as gender variant are not necessarily gender dysphoric. Dysphoria occurs only when there is reported discomfort or distress caused by the discrepancy between a person's gender identity and the sex assigned at birth (Coleman et al., 2012). Some students will be

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very comfortable with their nonconforming identity. They may be gender nonconforming, but not gender dysphoric.

Though students may fit a DSM or ICD gender diagnosis (such as Gender Dysphoria), such a diagnosis may be unnecessary or controversial (American Psychiatric Association, 2013). A gender diagnosis can be offensive to patients who see it as pathologizing gender variance similar to the way the DSM III formerly pathologized homosexuality (Drescher, 2010). Most often gender nonconforming students have other "diagnosable" conditions at the time of intake, such as anxiety or depression, which may provide a more accurate and less stigmatizing category for records when one is needed.

PSYCHOSOCIAL HISTORY: QUESTIONS TO ASK DURING INTAKE

Intake questions should be tailored to gender variant individuals similar to the way intakes are tailored for any other specific set of problems or specialty area. When working with transgender and genderqueer students, therapists should ask specific questions related to the history of gender dysphoria, gender presentation, and trauma due to stigma (such as victimization, harassment, and bullying).

Gender History

Gender variant students should be asked about their history of gender identity and expression: "At what age did you acknowledge being trans or genderqueer?" This is often a complicated question, however. Sometimes people will answer that they always knew something was different, but could not identify what this was. Others have a sudden realization and embrace a new identity that makes them feel "right."

Therapists should also ask where they would like to go from here. Do they have a plan for further transition, or is their current expression their desired goal? If they have altered their appearance or social role to present differently from their assigned birth gender, therapists should ask: When did that begin? When did they start using a different name or preferred pronouns? What was that transition like? Have they had gender affirming medical care? When did they start hormones and how has the experience been? Have they had any surgical procedures?

COMING OUT

There are students who harbor cross gender feelings all their lives but may not come out because they lack role models, are unaware of gender options, or are simply afraid to express their identity. College often provides an

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accepting environment that fosters new experiences and a chance to start over in a new place with a new group of friends. Away from family, students may feel free to experiment with their identity.

If the student has determined that they want to come out to their family, they are apt to encounter all of the family, religious, cultural, and societal pressures that kept them in the closet in the first place. This is especially true if they have lived in an environment with minimal social supports, or one that has the potential for discrimination or violence against gender variant people. Individuals often wait until they have peer support and a sense of empowerment and safety before then taking on the challenge of publicly coming out to friends and family.

Staff in college counseling centers may meet students when they are first taking on some of these issues with their family. College age people are usually strongly connected to their parents, and coming out to them may be an active issue and a focus of therapy. Students will need to first have a comfortable understanding of their gender and a way of describing and identifying it before they can share that identity. How and when people discuss these issues with their parents varies greatly. Some involve their parents in the process of their questioning. Others do not involve parents until they have everything figured out and have tested out life in their preferred gender. Therapists can support students in growing in a direction which will allow an open, honest, loving, and mutually respectful relationship with all of their family members. This is not work for an intake. On intake the question of whether the parents know, and what the parents know, is a rich vehicle to understand how individuals describe their gender and their social status inside and outside of their families. It is also helpful to know if the student believes the family will be rejecting or threaten physical, emotional, or financial harm, such as refusing to pay for further education. Assessing social support during intake is very important because such support can greatly influence emotional well-being as well as their sense of safety in gender expression.

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TRANSITION TRAJECTORY EXAMPLES

As these examples illustrate, individuals are genderqueer, transgender, nonconforming, or transsexual in their own way and may combine medical resources and social actions and expression to suit their individual needs:

A common coming-out trajectory is that of Mike, a trans man who identified as a lesbian through most of high school but felt that he didn't fit into the lesbian community though he could not identify why. Initially, Mike identified as a butch lesbian, preferring to wear male clothing. He began to enjoy passing as male more and more, until being identified as female began to feel painful. In college he found a supportive LGBT community and

learned through peers and on the internet of options for transition. He began to identify as a trans man, decided to live full-time as a man and planned to change his name, take hormones, and have "top surgery" (though not necessarily in that order). He did not plan to have "lower surgery" because of the expense and technological limitations of current options. He came to therapy to explore his medical options and make a plan for the full transition, to get a letter for hormones, and for help coming out to his friends, teachers, and later, his parents.

Another common trajectory is that of Willow, who was assigned female at birth. However, zie was never comfortable being perceived as female, but was aware that zie also did not feel like a boy. In college zie began to further define hir identity and came out as genderqueer. Zie requested that people around hir use gender neutral pronouns and hir preferred gender-neutral name, Willow. Willow's style blends male and female features, and zie enjoys relationships with people of all genders. At one point zie decided to take male hormones because, even though zie is gender neutral, zie wanted to make the masculine aspects of hirself more pronounced. Given the choice between being read as male or female, zie would choose male, but zie does not want to choose.

Shawnequa represents a third common trajectory. Shawnequa was assigned male at birth and had a wish to be a girl from her earliest memories. As a child she experienced parental disapproval when she wore girls' clothing, played girls' games, or explicitly expressed her desire to be a girl. She learned to hide her feelings and conform as best she could. By the time she entered college she was depressed and socially withdrawn. She did not want to socialize as a male because she experienced herself as a female. She had an active life as a female on the internet and connected to other transgender people through transgender resource sites. One of her on-line friends offered to meet her at a student gathering, and she became active in the LGBT group on campus. She came to counseling because she wanted to transition and live as a woman and did not know how to tell her parents.

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SUBSTANCE ABUSE

Research indicates that LGBT students use substances at a higher rate than their non-LGBT peers (Jordan, 2000; Hughes & Eliason, 2002; Stevens, 2012). In many cases they may use substances to self-medicate and dull gender dysphoria, feelings related to internalized transphobia, confusion about being transgender, and fears regarding self-expression and disclosure. Substance abuse may lessen once these issues are addressed. On the other hand, transgender individuals may have substance abuse issue like anyone else. In some cases transgender persons use substances before and after gender affirming treatment. Even though they experience reduced gender dysphoria with the treatment, they may continue in their substance abuse.

In these cases it may be reasonable to treat the substance abuse as one would for any other client.

SELF-INJURY

Transgender students are at an increased risk for self-injury. Liu and Mustanski (2012) found that the best predictors of nonsuicidal self-harm among LGBT individuals ages 16–20 were a history of suicide attempt(s), a history of victimization, hopelessness, and gender nonconformity. Lore Dickey (2010) found that transgender individuals had a 42% rate of nonsuicidal self-injury and that those who reported being prevented from transitioning were more likely to engage in self-injury.

SUICIDE

In addition to an increased history of substance abuse and self-injury, trans and genderqueer students have more suicidal ideation and suicide attempts than their heterosexual or gay counterparts. Haas and colleagues (2010) mention several studies that indicate transgender people often report one or more suicide attempts in their lifetime. This does not necessarily indicate a trend towards increased pathology in this population, but may indicate increased distress due to lack of familial or social supports and the pressure of being seen by others different from the way they see themselves. The National Center for Transgender Equality has put out a resource sheet on "Preventing Transgender Suicide" (http://transequality.org/PDFs/NCTE_Suicide_Prevention.pdf).

BINDING

Many FTMs (female-to-male identified individuals and/or people on the trans-masculine spectrum) who want to appear more masculine bind their chests. Binding flattens the breasts to give a more male appearance. There are several ways to bind, including wrapping with ace bandage or duct tape, wearing a compression shirt, or wearing multiple sports bras with layered shirts. If a binder is used that is too tight, it can cause breathing difficulty. If it is not moisture wicking, especially in warm weather, the binder can cause skin irritation, rashes, or acne (Hudson's FTM resource guide, n.d.). Therapists should ask students who bind if they have experienced any health-related issues due to binding, and especially during warm weather ask if they have felt dizzy or had breathing difficulty due to a binder that is too tight. Students should limit the amount of time they bind, including not wearing binders to bed.

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SEXUAL ORIENTATION

Transgender and genderqueer individuals may embrace the full range of sexual orientations. You do not know someone's sexual orientation unless they tell you. For example, a FTM may identify as a straight male and date women. However, a FTM can also identify as gay or queer and date men, or both men and women, or only other trans men. As with any patient, one should not make assumptions about their sexual orientation based upon their gender or appearance.

Sexual orientation may or may not be relevant to the issue that the person came to discuss. If it is not a question asked of other students, it might not be appropriate for a therapist to ask it of transgender or genderqueer students. It is advisable to follow the lead of medical intakes, which often assess at-risk behaviors for students by framing questions in terms of sex partner rather than orientation. ("Do you have sex with men, women, or both?" rather than "Do you identify as heterosexual, homosexual, etc.?") If therapists do have to ask sexuality questions of transgender students, they should let them know these questions are asked of all students.

INTERDISCIPLINARY TREATMENT APPROACH

When working with gender nonconforming students, there may be a need for increased contact and consultation among providers and with other departments at colleges or universities. For example, therapists may need to advocate that a gender variant student needs housing accommodations, such as a single room.

Another possibility for a team approach arises when a student who already receives mental health care finds that the therapist is not experienced working with gender issues. The student then may have a need for two therapists—a primary therapist and a gender specialist for consultation. In the case of a student who would like to start taking hormones, there may be a need for several appointments: with a therapist, primary care physician, and an endocrinologist. Medical providers often require a mental health evaluation prior to prescribing hormones or performing surgery. *The Standards of Care for the Health of Transgender, Transsexual, and Gender Nonconforming People, Version 7*, published by WPATH, contains instructions regarding the content of such mental health evaluations and recommendation letters (Coleman et al., 2012; also available at www.wpath.org). A typical letter from the treating therapist provides a brief psychosocial history and a statement that the student is capable of making their own decisions regarding their health care and gender transition. Medical providers who require a mental health evaluation prior to treatment usually require one letter from a mental health professional for hormones or top surgery

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and letters from two mental health professionals (or one letter with two signatures) for genital surgery. The mental health professional conducting an intake needs to know whether the student is anticipating that the therapist will write such a letter. In some cases it is the sole reason for seeking out mental health services and it would be unethical to waste the patient's time and money in therapy only to have them begin again with a more appropriate therapist. A thorough discussion of evaluation for hormones or surgery is beyond the scope of this paper and the reader is referred to the WPATH *Standards of Care* (Coleman et al., 2012; also available at www.wpath.org).

INTAKE ASSESSMENT QUESTIONS FOR WORKING WITH TRANSGENDER, TRANSSEXUAL, GENDERQUEER, AND GENDER NONCONFORMING STUDENTS

All of the following are possible intake questions, though they may not all be answered on a first visit or be appropriate for every student. Some questions will take several visits to answer; others, if asked, will not be answered at all either because the client does not want to discuss them at that time or because they appear to be irrelevant or unanswerable in the moment.

"Do you have a preferred name?"
"Do you have a preferred pronoun?"
"How do you describe your gender or gender identity?"
"What does (genderqueer, transgender), etc. mean to you?"
"How did you choose the name . . . ?"
"Are you out to the people in your life?"
"What exactly have you told your parents?"
"How did you come to your current understanding of your gender?"
"Where do you get information regarding genderqueer or transgender living?"
"Do you have transgender or genderqueer friends?"
"Have you attended any conferences or support groups?"
"What is your activity online?"
"Do you have a desire for gender affirming medical care such as hormones or surgery?"
"Are you binding? Are you experiencing any adverse effects from the binder such as pain, rash, or difficulty breathing?"
"Do you have a plan for transition?" (This may not be an appropriate question for all people. It is most appropriate for those who want to make physical changes and/or live in a different social role. Such changes may involve medical and legal procedures.)

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Responding to Transsexual and Transitioned Transgender Students Who Have Already Transitioned or Are Uncomfortable Addressing Gender Issues on Intake

Transgender and transsexual students come to counseling for many reasons, most of which have nothing to do with gender. In many cases it is questionable whether it is appropriate to ask very personal intimate questions about surgery and sexuality. Just as this information is not needed for other clients, it may not be needed for trans clients. Students who are living full-time in their affirmed gender should be allowed to take the lead on what they want to disclose and how, or if, their trans status impacts their presenting issue.

For clients who are open and interested in sharing their gender history and status, a therapist may ask:

"When did you begin hormones? Where do you obtain hormones now?"
"Have you changed your name legally? When?"
"Have you had other gender-affirming medical procedures?" (Caution: Not everyone wants to discuss their body if that is not pertinent to the reason they came to counseling.)

CONCLUSION

Transgender, genderqueer, and gender nonconforming students benefit from an intake process that is sensitive to their needs. This template suggests that through the use of respectful language and an awareness of the issues that most affect transgender students, providers can create an affirming environment with greater potential for trust, therapeutic alliance, and personal growth.

NOTE

1. There have been cases in which insurance companies denied coverage for nongender-related care because the person had a Gender Identity Disorder diagnosis in their chart. There are also cases in which people seeking medical care are refused treatment or receive inferior treatment because of provider prejudice against transgender people.

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